FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM '	1	ORC	ANIZA	IIOI	N				
		(	See instruction	s)			Off	ice use only	
1. NAME OF COMMITTEE	E (in full)		ck if name anged)	Exam over t	nple: If typying, type the lines	12FE	4M5		
AIRTRAN	AIRWAYS	INC POLITICAL	ACTION CC	ММІТТ	EE				لببيا
									ш
ADDRESS (numbe	r and street)	9955 AirT	ran Bouleva	rd 					
(Check if ad	dress								لتتت
is changed)		ORLANDO	) 		لبيبي	LFL	L	32827	
				CITY		STATE	•	ZIP COI	DE 📥
COMMITTEE'S E	-MAIL ADDF	RESS (Please provid	de only one e-m	nail addre	ss)				
(Check if ad is changed)	dress	steve.ros	sum@airtra	n.com					
				1.1					لحجي
COMMITTEE'S W	VER PAGE A	ADDRESS (URL)							
		www.airtr	an.com						1
(Check if ad is changed)									
2. DATE	м_м / 0,6	D 2 9 / Y Y 2 0	1 1						
3. FEC IDENTII	FICATION N	UMBER	C	C C00	325159				
4. IS THIS STA	TEMENT	NEW (N)	OR	X	AMENDED (A)				
I certify that I have e	examined this	Statement and to the	best of my know	rledge and	d belief it is true, correct	and complete	9		
Type or Print Nam	ne of Treasur	er ARNE	HAAK						
Signature of Treas	surer El <u>ec</u>	stronically Filed by	ARNE HAA	K		Date	<b>0</b> 6	<b>29</b> /	2011
NOTE: Submission	of false, error				e person signing this St			of 2 U.S.C. §4	37g.
Office Use Only					For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission		FEC FOI (Revised 02/	

	F	EC F	Form 1 (Revised 02/2009)	Page 2						
5.			OMMITTEE (Check One) Committee:							
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate						
	Name Candid									
	Candid Party /		Office Sought: House Senate President	State District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candid									
	Party	Comn								
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Politic	cal Act	tion Committee (PAC):							
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:						
			X Corporation Corporation w/o Capital Stock	abor Organization						
			Membership Organization Trade Association	Cooperative						
	<b>(f</b> )	(f)	In addition, this committee is a Lobbyist/Registrant PAC.							
	(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party						
			In addition, this committee is a Lobbyist/Registrant PAC.							
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
_										
	Joint F	undra	aising Representative:							
	(g)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political						
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political						
		Com	mittees Participating in Joint Fundraiser							
			1. FEC ID number							
			2. FEC ID number							
			3. FEC ID number							
			EEC ID number							

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W	rite or Type Committee Name			
	AIRTRAN AIRWAYS INC	POLITICAL ACTION COMMITTEE		
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fundraising	Representative, or Leader	rship PAC Sponsor
Ш	OGOTTIVEOT ATTEMED	75.1 11225.11 15.15		
		<u> </u>		
	Mailing Address	P O BOX 36611, HDQ 4GA		
		L , , DALLAS, , , , , , , , , , , , , , , , , , ,		75235
		CITY▲	STATE A	ZIP CODE
	Relationship:  Connected Organization	X Affiliated Committee Joint Fundra	aising Representative	Leadership PAC Sponsor
7.	possession of Committee	ntify by name, address, (phone number opti books and records.  N ROSSUM  8606 GREAT COVE DR.		
		ORLANDO	FL	32819 _
	Title or Position ♥	CITY A	STATE A	ZIP CODE A
<del></del>	Treasurer: List the name a	and address (phone number optional) of the		tee: and the
٥.		designated agent (e.g., assistant treasurer).		
	Full Name of Treasurer ARNE I	HAAK		
	Mailing Address	1839 SENECA BLVD.		
		WINTER SPRINGS		32708

Telephone number

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Full Name of Designated Agent	STEVEN ROSSUM				
Mailing Address	8606 GREAT COVE DR.				
	ORLANDO	FL	32819 –		
Title or Position ▼	CITY A	STATE A	ZIP CODE A		
	Tele	phone number	. – –		
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits runds, no	oids accounts, rents		
Mailing Address	800 N. Magnolia Ave				
	Orlando	<u>FL</u>	32803 _		
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕		
Name of Bank, Depositor	ry, etc.				
Mailing Address					
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕		

afety deposit boxes or mainta	ains funds.		CADDITIONAL 1
Name of Bank, Depository, etc.	c.		[ ADDITIONAL ]
Mailing Address	1		
	CITY 🛕	STATE <b>△</b>	ZIP CODE 🛕
-	rganization, Affiliated Committee, Joint Fundraising C POLITICAL ACTION COMMITTEE	Representative, or Leader	[ ADDITIONA
Mailing Address	9955 AirTran Boulevard		
	ORLANDO	LLL L	32827 
ionship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising	g Representative Lea	dership PAC Sponsor
Designated Agent			[ ADDITIONAL ]
•			
Full Name			
Full Name LIL			
Mailing Address			
	CITY A		ZIP CODE A
Mailing Address		STATE   State	ZIP CODE 1
Mailing Address	Te		ZIP CODE A